

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.
Applicant

Filing Date

10/527537

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/									51			
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48										98			
49										99			
50										100			
TOTAL NO.	4									TOTAL NO.			
TOTAL OCT.	7									TOTAL OCT.			
TOTAL CLAIMS	11									TOTAL CLAIMS			

Best Available Copy